



CEMETERY AND FUNERAL BUREAU
 400 R STREET, SUITE 3080
 SACRAMENTO, CA 95814
 (916) 322-7737 Fax (916) 323-1890



Certificate of Authority – Cemetery 1st Quarter Report

For Bureau Use Only

License Number

Receipt Number

Date Processed

Due on or before: April 30, 2003

Cemetery Name: _____

License No.: COA_____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
 CR _____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from January 1, 2003 through March 31, 2003.
 Cremations performed at a licensed crematory located at the cemetery and under common ownership
 should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$ _____

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____



CEMETERY AND FUNERAL BUREAU
 400 R STREET, SUITE 3080
 SACRAMENTO, CA 95814
 (916) 322-7737 Fax (916) 323-1890



Certificate of Authority – Cemetery 2nd Quarter Report

<i>For Bureau Use Only</i>
License Number _____
Receipt Number _____
Date Processed _____

Due on or before: July 30, 2003

Cemetery Name: _____

License No.: COA _____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
 CR _____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from April 1, 2003 through June 30, 2003. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$ _____

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____



CEMETERY AND FUNERAL BUREAU
 400 R STREET, SUITE 3080
 SACRAMENTO, CA 95814
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Certificate of Authority – Cemetery 3rd Quarter Report

For Bureau Use Only

License Number

Receipt Number

Date Processed

Due on or before: October 30, 2003

Cemetery Name: _____

License No.: COA_____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
 CR_____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from July 1, 2003 through September 30, 2003. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$_____

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____ Telephone: _____



CEMETERY AND FUNERAL BUREAU
 400 R STREET, SUITE 3080
 SACRAMENTO, CA 95814
 (916) 322-7737 Fax (916) 323-1890



Certificate of Authority – Cemetery 4th Quarter Report

For Bureau Use Only

License Number _____

Receipt Number _____

Date Processed _____

Due on or before: January 30, 2004

Cemetery Name: _____

License No.: COA _____

COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:
 CR _____ Date Issued _____
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from October 1, 2003 through December 31, 2003. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include</i> cremated remains reported under D, below	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only</i> cremations performed at onsite crematory operating under COA license	_____ x \$8.50 = _____
	Total due (A+B+C+D)		\$ _____

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____